

SERFF Tracking Number:	PERR-125582733	State:	Arkansas
Filing Company:	SUA Insurance Company	State Tracking Number:	#102369 \$50
Company Tracking Number:	SUA-ML-AR-08-02-F		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Revised Terrorism Disclosure SUA 1000 (01/08)		
Project Name/Number:	SUA-ML-AR-08-02-F/SUA-ML-AR-08-02-F		

## Filing at a Glance

Company: SUA Insurance Company

Product Name: Revised Terrorism Disclosure    SERFF Tr Num: PERR-125582733    State: Arkansas

SUA 1000 (01/08)

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: #102369 \$50

Sub-TOI: 35.0002 Commercial Interline Filings    Co Tr Num: SUA-ML-AR-08-02-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Authors: Faviola Jimenez, Laura  
Jennette

Disposition Date: 04/11/2008

Date Submitted: 03/31/2008

Disposition Status: Approved

Effective Date Requested (New): 04/15/2008

Effective Date (New): 04/15/2008

Effective Date Requested (Renewal): 04/15/2008

Effective Date (Renewal):  
04/15/2008

State Filing Description:

## General Information

Project Name: SUA-ML-AR-08-02-F

Status of Filing in Domicile: Pending

Project Number: SUA-ML-AR-08-02-F

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/11/2008

State Status Changed: 04/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of SUA Insurance Company ("the Company"), we are resubmitting a terrorism disclosure notice, form SUA 1000 (01/08), which was recently filed and approved under State Tracking Number #101837 \$50, SERFF Tracking Number PERR-125530348, Company Filing Number SUA-ML-AR-08-01-F.

Upon further review, the Company realized that the originally filed form did not comply with the provisions of Terrorism

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Risk Insurance Program Reauthorization Act of 2007 (TRIPRA). According to TRIPRA, the federal share of compensation is set at 85% of insured losses that exceed insurer deductibles. The originally filed disclosure stated 90%. This has been corrected in the enclosed form.

Please note that the form applies to the following lines of business: Commercial Automobile, Burglary & Theft, Commercial Inland Marine, Commercial Property, and Commercial General Liability.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing. If there are any requests for additional information, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request this filing to be effective on April 15, 2008 or the earliest possible date upon approval.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Laura Jennette, State Filings Analyst doi@perrknight.com  
881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]  
Pacific Palisades, CA 90272

### Filing Company Information

SUA Insurance Company	CoCode: 40134	State of Domicile: Illinois
222 S. Riverside Plaza	Group Code: -99	Company Type:
Chicago, IL 60606	Group Name:	State ID Number:
(312) 277-1600 ext. [Phone]	FEIN Number: 23-2182777	

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## Filing Fees

Fee Required? Yes

<i>SERFF Tracking Number:</i>	<i>PERR-125582733</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>SUA-ML-AR-08-02-F/SUA-ML-AR-08-02-F</i>		
<b>Fee Amount:</b>	<b>\$50.00</b>		
<b>Retaliatory?</b>	<b>No</b>		
<b>Fee Explanation:</b>			
<b>Per Company:</b>	<b>No</b>		

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SUA Insurance Company	\$0.00	03/31/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102369	\$50.00	03/31/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/11/2008	04/11/2008

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## Disposition

Disposition Date: 04/11/2008

Effective Date (New): 04/15/2008

Effective Date (Renewal): 04/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PERR-125582733	State:	Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Expedited Filing Transmittal for TRIA Forms	Approved	Yes
Form	Disclosure Notice Offer Of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number: PERR-125582733 State: Arkansas

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice Offer Of Terrorism Insurance Coverage	SUA 1000	01/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 SUA 1000 01/08 Previous Filing #:		SUA 1000 01 08 DISCLOSUR E OFFER OF TERRORIS M INSURANC E COVERAGE new.pdf



# DISCLOSURE NOTICE

## OFFER OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Program Reauthorization Act of 2007 establishes a program within the Department of the Treasury under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that to be certified, an act of terrorism must cause losses of at least five million dollars.

### DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceed the applicable insurer retention. If the aggregate insured losses exceed \$100 billion during a Program Year, Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion, and no insurer that has met its insurer deductible shall be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion.

**LIMITATION ON PAYMENT OF TERRORISM LOSSES** (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2007 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

### OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

In accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program.**

If you choose to accept this offer of coverage, your policy premium will include the additional premium for terrorism as stated in the Disclosure of Premium section of this notice. Prior to the binding of coverage for your policy or policies, please inform your agent or broker of your intent to purchase coverage for certified acts of terrorism.

#### **NOTE TO INSURED REGARDING PROPERTY (BUILDING AND/OR CONTENTS ONLY) AND INLAND MARINE:**

*There are states where state law requires that coverage for the peril of fire be provided (see below for applicable states\*). In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism — coverage for such fire losses will be provided in your policy. The additional premium just for such fire and/or inland marine coverage is stated in the Disclosure of Premium. If you reject the offer described above for terrorism coverage, this premium is still due.*

*\* Applies to Property and Inland Marine:*

CA, LA, ME, MI, MN, MO, NH, OR, PA, RI, WI

*\* Applies to Property only:*

AZ, CT, GA, HI, ID, IL, IA, MA, NE, NC, ND, NJ, NY, OK, VA, WA, WV

Policy Number: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Insurer: \_\_\_\_\_

Please indicate your choices by checking the appropriate boxes below. Sign the completed statement and return the form to us. Keep a copy for your records. Your policy will then reflect your choices.

#### DISCLOSURE OF PREMIUM

This DISCLOSURE OF PREMIUM applies only to coverage(s) below for which a premium is shown. You must accept or reject the coverage where a premium is indicated. **If NA appears where a premium should be indicated, you do not have this type of coverage on your policy, and cannot accept or reject coverage.**

☐ Accept      ☐ Reject

##### PROPERTY

(Property includes: Commercial Boiler & Machinery, Commercial Crime, Commercial Inland Marine and Commercial Property if provided on policy)

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

If you reject this offer and, if any of the premises are located in a state where state law requires that coverage for the peril of fire be provided at that location, the premium for terrorism-peril of fire coverage for your building and/or contents as provided is

\$ \_\_\_\_\_

☐ Accept      ☐ Reject

##### GENERAL LIABILITY

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

☐ Accept      ☐ Reject

##### COMMERCIAL AUTOMOBILE

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

☐ Accept      ☐ Reject

##### COMMERCIAL LIABILITY UMBRELLA

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

☐ Accept      ☐ Reject

##### EXCESS LIABILITY

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

☐ Accept      ☐ Reject

##### EXCESS PROPERTY

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

##### TOTAL TERRORISM PREMIUM\*

\$ \_\_\_\_\_

*\*Premium for this coverage may be subject to audit.*

#### REJECTION STATEMENT

If the above box titled **Reject** is checked I hereby reject the offer(s) of terrorism coverage as indicated. If rejected, I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Signature and Title of Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/11/2008

**Comments:**

**Attachment:**

2007 NAIC FFS +.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 04/11/2008

**Comments:**

**Attachment:**

2008 Letter of Authorization.pdf

**Satisfied -Name:** Expedited Filing Transmittal for TRIA Forms **Review Status:** Approved 04/11/2008

**Comments:**

**Attachment:**

AR Terrorism form.pdf

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>SUA-ML-AR-08-02-F</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>N/A</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Disclosure Notice Offer Of Terrorism Insurance Coverage	SUA 1000 (01 08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	SUA 1000 (01/08)	



*G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM  
Director of Regulatory Affairs and Legal Compliance*

January 1, 2008

Re: SUA Insurance Company  
NAIC Company Code 40134  
Rate, Rule, and Form Filings

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rates, rule, and form filings on behalf of SUA Insurance Company. This authorization includes providing additional information and responding to questions regarding the filing on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquires related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339  
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in blue ink, appearing to read "G. Michael Gooding", is written over a large, stylized blue circular stamp or seal.

G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM  
Director of Regulatory Affairs and Legal Compliance

GMG/lp

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i> <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i> <input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
SUA Insurance Company	Illinois	40134	23-2182777

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Laura Jennette 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	(888) 201-5123 x109	(310) 230-8529	doi@perrknight.com

**Filing information**

Line of Insurance (see attachment)	Interline (Commercial Automobile, Burglary & Theft, Commercial Inland Marine, Commercial Property, Commercial General Liability, and Workers Compensation)
Company Program Title (Marketing title) (if applicable)	N/A
Filing Type ** see note below	Form
This application is used with:	All policies
Effective Date Requested	4/15/2008 or earliest upon approval
Filing date	3/31/2008
Company Tracking Number	SUA-ML-AR-08-02-F
Date filing approved in domiciliary state, if applicable	N/A - Pending

	<u>Component/Form Name</u> <u>Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Disclosure Notice Offer Of Terrorism Insurance Coverage	SUA 1000 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	SUA 1000 (01/08)	N/A


To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;  
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

  
\_\_\_\_\_  
Signature

G. Michael Gooding  
\_\_\_\_\_  
Print Name:

Director of Regulatory Affairs and Legal Compliance  
\_\_\_\_\_  
Title: